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ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

HAP Midwest Health Plan, Inc.

NAIC Group Code	1311	(Current Period)	1311	(Prior Period)	NAIC Company Code	95814	Employer's ID Number	38-3123777
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States							
Licensed as business type:	Life, Accident & Health []		Property/Casualty []		Hospital, Medical & Dental Service or Indemnity []			
	Dental Service Corporation []		Vision Service Corporation []		Health Maintenance Organization [X]			
	Other []		Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	01/01/1994		Commenced Business		01/01/1994			
Statutory Home Office	2850 West Grand Blvd				Detroit, MI, US 48202			
	(Street and Number)				(City or Town, State, Country and Zip Code)			
Main Administrative Office	2850 West Grand Blvd							
	Detroit, MI, US 48202				888-654-2200			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number)			
Mail Address	PO Box 2578				Detroit, MI, US 48202			
	(Street and Number or P.O. Box)				(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	2850 West Grand Blvd							
	Detroit, MI, US 48202				888-654-2200			
	(City or Town, State, Country and Zip Code)				(Area Code) (Telephone Number) (Extension)			
Internet Web Site Address	www.Hap.org\midwest							
Statutory Statement Contact	Dianna L. Ronan CPA				248-443-1093			
	(Name)				(Area Code) (Telephone Number) (Extension)			
	dronan@hap.org				248-443-8610			
	(E-Mail Address)				(Fax Number)			

OFFICERS

Name	Title	Name	Title
Michael Allen Genord MD	President	Richard Evan Swift #	Treasurer
Annmarie Erickson #	Secretary	Teresa Lynn Kline #	Chairman

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Michael Allen Genord	Richard Evan Swift #	Teresa Lynn Kline	Mary Ann Tournoux

State of Michigan.....
County of Wayne.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Allen Genord MD President	Richard Evan Swift Treasurer	Annmarie Erickson Secretary
Subscribed and sworn to before me this		
day of ,		
a. Is this an original filing? Yes [X] No []		
b. If no:		
1. State the amendment number		
2. Date filed		
3. Number of pages attached		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivables	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	1,023,608	3,067,253		1,838,013	1,023,608	1,023,608
2. Claim overpayment receivables .....					.0	
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables	915,415				915,415	915,415
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	1,939,023	3,067,253	0	1,838,013	1,939,023	1,939,023

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0		.0		
2. Intermediaries .....	.0	.0		.0		
3. All other providers .....	.61,272	.1		.0	.61,272	
4. Total capitation payments .....	.61,272	.1	.0	.0	.61,272	.0
Other Payments:						
5. Fee-for-service .....	.0	.0	XXX	XXX		
6. Contractual fee payments	101,130,932	99.9	XXX	XXX	101,130,932	
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0	XXX	XXX		
11. All other payments .....	.0	.0	XXX	XXX		
12. Total other payments	101,130,932	99.9	XXX	XXX	101,130,932	.0
13. Total (Line 4 plus Line 12)	101,192,204	100 %	XXX	XXX	101,192,204	.0

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment					0	0
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION HAP Midwest Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	1311	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2017			NAIC Company Code		95814
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	8,076							5,759	2,317	
2. First Quarter	8,344							5,803	2,541	
3. Second Quarter	8,314							5,622	2,692	
4. Third Quarter	8,127							5,381	2,746	
5. Current Year	7,811							5,320	2,491	
6. Current Year Member Months	98,573							66,768	31,805	
Total Member Ambulatory Encounters for Year:										
7. Physician	140,212							73,250	66,962	
8. Non-Physician	149,467							82,000	67,467	
9. Total	289,679	0	0	0	0	0	0	155,250	134,429	0
10. Hospital Patient Days Incurred	10,563							9,595	968	
11. Number of Inpatient Admissions	1,699							1,466	233	
12. Health Premiums Written (b).....	116,382,035							105,714,505	10,667,530	
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	116,382,035							105,714,505	10,667,530	
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	101,192,204							90,390,323	10,801,881	
18. Amount Incurred for Provision of Health Care Services	94,303,860							92,646,892	1,656,968	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$105,714,505



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

HAP Midwest Health Plan, Inc.

2. _____

NAIC Group Code		1311		BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2017					(LOCATION)		NAIC Company Code		95814	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10					
			2	3												
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other					
Total Members at end of:																
1. Prior Year		8,076	0	0	0	0	0	0	5,759	2,317	0					
2. First Quarter		8,344	0	0	0	0	0	0	5,803	2,541	0					
3. Second Quarter		8,314	0	0	0	0	0	0	5,622	2,692	0					
4. Third Quarter		8,127	0	0	0	0	0	0	5,381	2,746	0					
5. Current Year		7,811	0	0	0	0	0	0	5,320	2,491	0					
6. Current Year Member Months		98,573	0	0	0	0	0	0	66,768	31,805	0					
Total Member Ambulatory Encounters for Year:																
7. Physician		140,212	0	0	0	0	0	0	73,250	66,962	0					
8. Non-Physician		149,467	0	0	0	0	0	0	82,000	67,467	0					
9. Total		289,679	0	0	0	0	0	0	155,250	134,429	0					
10. Hospital Patient Days Incurred		10,563	0	0	0	0	0	0	9,595	968	0					
11. Number of Inpatient Admissions		1,699	0	0	0	0	0	0	1,466	233	0					
12. Health Premiums Written (b).....		116,382,035	0	0	0	0	0	0	105,714,505	10,667,530	0					
13. Life Premiums Direct.....		0	0	0	0	0	0	0	0	0	0					
14. Property/Casualty Premiums Written.....		0	0	0	0	0	0	0	0	0	0					
15. Health Premiums Earned.....		116,382,035	0	0	0	0	0	0	105,714,505	10,667,530	0					
16. Property/Casualty Premiums Earned.....		0	0	0	0	0	0	0	0	0	0					
17. Amount Paid for Provision of Health Care Services		101,192,204	0	0	0	0	0	0	90,390,323	10,801,881	0					
18. Amount Incurred for Provision of Health Care Services		94,303,860	0	0	0	0	0	0	92,646,892	1,656,968	0					

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$105,714,505

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc.

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE HAP Midwest Health Plan, Inc

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

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Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums.....	0	888	18	17	6
2. Title XVIII-Medicare.....	831	0	329	73	42
3. Title XIX-Medicaid.....	160	0	1,712	1,272	875
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....	1,200	1,246	1,251	310,506	259,572
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	1,202	820	1,212	1,231	198
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F).....	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	45,601,627		45,601,627
2. Accident and health premiums due and unpaid (Line 15).....	4,370,776		4,370,776
3. Amounts recoverable from reinsurers (Line 16.1).....	1,201,632		1,201,632
4. Net credit for ceded reinsurance.....	XXX	1,201,632	1,201,632
5. All other admitted assets (Balance).....	3,650,261		3,650,261
6. Total assets (Line 28)	54,824,296	1,201,632	56,025,928
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	20,497,120	0	20,497,120
8. Accrued medical incentive pool and bonus payments (Line 2).....	561,050		561,050
9. Premiums received in advance (Line 8).....	67,288		67,288
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	7,237,092		7,237,092
15. Total liabilities (Line 24).....	28,362,550	0	28,362,550
16. Total capital and surplus (Line 33).....	26,461,746	XXX	26,461,746
17. Total liabilities, capital and surplus (Line 34)	54,824,296	0	54,824,296
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	1,201,632		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	1,201,632		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	1,201,632		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
01311.....	Henry Ford Health System Group.	95814.....	38-3123777.....				HAP Midwest Health Plan, Inc.....	MI.....	RE.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
01311.....	Henry Ford Health System Group.	95844.....	38-2242827.....				Health Alliance Plan of Michigan.....	MI.....	UDP.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2513504.....				HAP Preferred Inc.....		NIA.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
01311.....	Henry Ford Health System Group.	60134.....	38-3291563.....				Alliance Health and Life Insurance Company.....	MI.....	IA.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2651185.....				Administration System Research Group.....		NIA.....	Health Alliance Plan of Michigan.....		66.7	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	27-0449055.....				HAP Community Alliance.....		NIA.....	Health Alliance Plan of Michigan.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	45-3852852.....				Henry Ford Health System employment, LLC.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-1357020.....				Henry Ford Health System.....		UIP.....			0.0		N.....	.0
	Henry Ford Health System Group.	00000.....	38-2791823.....				Henry Ford Wyandotte.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2947657.....				Henry Ford Macomb Hospital.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-3146042.....				PHO of Mercy Macomb.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2679527.....				Horizon Properties Inc.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2947657.....				Mercy Mt. Clemens Real Estate, LLC.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2565235.....				Fairlane Health Services Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	33-1210726.....				Neighborhood Development LLC.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-2433285.....				Henry Ford Continuing Care Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-6553031.....				Henry Ford Health Care Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-6553031.....				Self Funded Liability Plan.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	23-7383042.....				Henry Ford Health System Foundation.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	32-0306774.....				Henry Ford Physician Network.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-3232668.....				Northwest Detroit Dialysis.....		NIA.....	Henry Ford Health System.....		56.3	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	45-5325853.....				Home Dialysis specialty Center.....		NIA.....	Henry Ford Health System.....		30.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	26-0423581.....				Macomb Regional Dialysis.....		NIA.....	Henry Ford Health System.....		60.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	38-1378121.....				Sha Realty Corp.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0
	Henry Ford Health System Group.	00000.....	90-0659735.....				Center for Senior Independence.....		NIA.....	Henry Ford Health System.....		100.0	Henry Ford Health System.....	N.....	.0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
	Henry Ford Health System Group	00000	26-3896897				Henry Ford West Bloomfield		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-3322462				P Cor, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	90-0840304				Henry Ford Innovation Insitute		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	41-2223561				Henry Ford Pathology		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	46-5746225				Henry Ford Physicians Accountable Care Organization, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	30-0092342				Center for Complementary and Integrative Medicine		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	46-4064067				Henry Ford Health System Government Affairs Services		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-3044223				Horizon Medical Building, LP		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	46-5291602				HFHS-SCA Holdings, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	47-1436663				Michigan Metro Dialysis, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-2756428				Henry Ford Allegiance Health Group		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-2024689				Henry Ford Allegiance Health		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-1218485				Henry Ford Allegiance Carelink		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-3607833				Henry Ford Allegiance Health Foundation		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-3370242				Cascades Professional Staffing Corporation		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	37-2756161				Viking Health Systems		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-2756425				Healthlink		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	45-3253643				Jackson Health Network, L3C		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	98-1132982				Cascades Insurance Company, LTD		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000					Telehealth Michigan		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-2594857				Physicians Chice Network, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000					It's Your Life Services, LLC		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	38-2336367				Henry Ford Allegiance Hospice		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
	Henry Ford Health System Group	00000	37-1502443				Jackson Community Medical Record		NIA	Henry Ford Health System		100.0	Henry Ford Health System	N	0
												0.0			0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
0000001	

42

42

42

42

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

AUGUST FILING

10.

Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

11.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
12.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
13.

Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
14.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
16.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
19.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

20.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
21.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
22.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
23.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

SEE EXPLANATION.....

Explanation:

11.
12.
13.

The Company has less than 100 shareholders
14.
15.
16.
17.
18.
19.
20.
21.













SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22.

23.

24. The Company is not subject to MAR filing.

Bar code:

11.	 9 5 8 1 4 2 0 1 7 3 6 0 5 9 0 0 0
12.	 9 5 8 1 4 2 0 1 7 2 0 5 0 0 0 0 0
14.	 9 5 8 1 4 2 0 1 7 3 7 1 0 0 0 0 0
15.	 9 5 8 1 4 2 0 1 7 3 7 0 0 0 0 0 0
16.	 9 5 8 1 4 2 0 1 7 3 6 5 0 0 0 0 0
17.	 9 5 8 1 4 2 0 1 7 2 2 4 0 0 0 0 0
18.	 9 5 8 1 4 2 0 1 7 2 2 5 0 0 0 0 0
19.	 9 5 8 1 4 2 0 1 7 2 2 6 0 0 0 0 0
20.	 9 5 8 1 4 2 0 1 7 3 0 6 0 0 0 0 0
21.	 9 5 8 1 4 2 0 1 7 2 1 1 5 9 0 0 0
22.	 9 5 8 1 4 2 0 1 7 2 1 6 5 9 0 0 0
23.	 9 5 8 1 4 2 0 1 7 2 1 7 0 0 0 0 0

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